

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

ATTACHMENT 3.1-A
page 5 Item 12.b.
Applies to both Categorical
and Medically Needy

LIMITATIONS - Dentures

See ATTACHMENT 3.1-A page 4. Item 10. - Limitations - Dental Services

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Sub. No. <u>MS-74-1</u> Inc. <u>5-23-74</u>	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PROSTHETIC DEVICES

The Nebraska Medical Assistance Program covers the purchase or rental of durable medical equipment, medical supplies, orthotics, and prosthetics that meet program guidelines when prescribed by a physician or other licensed practitioner whose licensure allows prescribing these items (M.D., D.O., D.P.M.). To qualify as a covered service under NMAP, the item must be medically necessary and must meet the definitions in state regulations.

NMAP does not cover items that primarily serve personal comfort; convenience; or educational, hygienic, safety, or cosmetic functions; or new equipment of unproven value and/or equipment of questionable current usefulness or therapeutic value.

NMAP does not generally enroll hospitals, hospital pharmacies, long term care facilities; rehabilitation services or centers, physicians, physical therapists, speech therapists, or occupational therapists as providers of durable medical equipment, medical supplies, or orthotics and prosthetics. Home health agencies may provide durable medical equipment and oxygen only.

Durable medical equipment is equipment which -

1. Withstands repeated use;
2. Is primarily and customarily used to serve a medical purpose;
3. Generally is not useful to a person in the absence of an illness or injury; and
4. Is appropriate for use in the client's home. This generally does no include long term care facilities.

Coverage conditions for individual services are listed with the procedure code descriptions.

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Supersedes

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JAN 25 1994

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NOV 17 1992

Transmittal # MS-87-4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PROSTHETIC DEVICES

NMAP covers medical supplies listed in the coverage criteria and procedure code list when prescribed for medical care in the client's home. Items not specifically listed may not be covered by NMAP. Coverage for medical supplies does not generally include clients residing in NF's or ICF/MR's.

NMAP does not cover, as medical supplies, personal care items such as non-medical mouthwashes, deodorants, talcum powders, bath powders, soaps, dentifrices, eye washes, contact solutions, etc. NMAP does not cover, as medical supplies, oral or injectable over-the-counter drugs and medications.

NMAP covers orthotic devices when medically necessary and prescribed to support a weak or deformed body member or restrict or eliminate motion in a diseased or injured part of the body. Coverage includes braces, orthopedic shoes and shoe corrections, lumbar supports, hernia control devices, and similar items. NMAP covers prosthetic devices when medically necessary and prescribed to replace a missing body part. Orthotics and prosthetics are covered for clients residing in NF's and ICF/MR's. NMAP does not cover external powered prosthetic devices.

NMAP covers only one pair of orthopedic shoes at the time of purchase. Except when size change is necessary due to growth and/or when diagnosis indicates excessive wear, NMAP allows only one pair of shoes in a one-year period. Orthopedic shoes and shoe corrections are not covered for flexible or congenital flat feet.

Prior authorization is required of payment of rental and purchase of the items listed in state regulations as requiring prior authorization.

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LIMITATIONS - EYE GLASSES

The Nebraska Medical Assistance Program covers eye examinations, diagnostic services, and other treatment services within program guidelines when medically necessary and appropriate to diagnose or treat a specific eye illness, symptom, complaint, or injury.

NMAP covers annual eye examinations for clients age 20 and younger. More frequent exams will also be covered if needed to determine existence of suspected conditions. Eye examinations are recommended beginning at approximately age three.

NMAP covers eye examinations for clients age 21 and older once every 24 months. More frequent eye examinations will also be covered when reasonable and appropriate.

NMAP covers eyeglass frames under the following conditions:

1. The client's first pair of prescription eyeglasses; or
2. When the client's current frame is no longer usable due to -
 - a. Irreparable wear/damage;
 - b. Loss;
 - c. Size change due to growth; or
 - d. A prescribed lens change only if new lenses cannot be accommodated by the current frame.

NMAP covers eyeglass lenses under the following conditions:

1. The client's first pair of prescription eyeglasses;
2. When the client's current lenses are no longer usable due to loss, damage, or size change for growth;

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LIMITATIONS - EYE GLASSES

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3. When new lenses are required due to a new prescription when the refraction correction meets one of the following criteria:
 - a. A change of 0.50 diopters in the meridian of greatest change when placed on an optical cross;
 - b. A change in axis in excess of 10 degrees for 0.50 cylinder, five degrees for 0.75 cylinder; or
 - c. A change of prism correction of 1/2 prism diopter vertically or two prism diopters horizontally or more.

Lenses must meet the specifications for eyeglass lenses and coverage criteria listed in state regulations.

NMAP covers contact lens services only when prescribed for correction of keratoconus, monocular aphakia, or other pathological conditions of the eye when useful vision cannot be obtained with eyeglasses. NMAP does not cover contact lenses when prescribed for routine correction of vision.

NMAP does not cover -

1. Sunglasses;
2. Multiple pairs of eyeglasses for the same individual (for example, two pairs of eyeglasses in lieu of bifocals or trifocals in single vision frame);
3. Non-spectacle mounted aids, hand-held or single lens spectacle mounted low vision aids, and telescopic and other compound lens systems (including distant vision telescopic, near vision telescopes, and compound microscopic lens systems); and
4. Replacement insurance.

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LIMITATIONS - SCREENING SERVICES

NMAP covers mammograms when provided based on a medically necessary diagnosis. In the absence of a diagnosis, NMAP covers mammograms provided according to the American Cancer Society's periodicity schedule.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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LIMITATIONS - REHABILITATIVE SERVICES

Community-Based Comprehensive Psychiatric Rehabilitation and Support Services Program

The following rehabilitative psychiatric services are covered as a comprehensive package of services under the Nebraska Community-Based Comprehensive Psychiatric Rehabilitation and Support Services Program:

1. Community Support;
2. Day Rehabilitation; and
3. Psychiatric Residential Rehabilitation.

The services must be medically necessary. These services are designed to rehabilitate individuals who are experiencing severe and persistent mental illness in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospital or nursing facility. Rehabilitative psychiatric services do not include treatment for a primary diagnosis of substance abuse.

Clients must be assessed by a licensed mental health professional prior to receiving these services. Based on the assessment, the licensed mental health professional will develop service need recommendations that identify rehabilitative and mental health/substance abuse services needed by the client. The completed service needs assessment and service recommendations will be reviewed and approved by a supervising mental health practitioner (psychiatrist or licensed psychologist).

Provider Qualifications: Providers of rehabilitative psychiatric services must be certified by the Department of Public Institutions as providers of community-based comprehensive psychiatric rehabilitation and support services. The providers must agree to contract with DPI to provide these services and must demonstrate the capacity to fulfill all contractual requirements. The provider must also complete a Medicaid provider agreement.

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LIMITATIONS - REHABILITATIVE SERVICES

Community Support is designed to -

1. Provide/develop the necessary services and supports to enable clients to reside in the community ;
2. Maximize the client's community participation, community and daily living skills, and quality of life;
3. Facilitate communication and coordination between mental health rehabilitation providers that serve the same client ; and
4. Decrease the frequency and duration of hospitalization.

Community Support includes the following components:

1. Facilitating communication and coordination among the mental health rehabilitation providers serving the client;
2. Facilitating the development of an Individual Program Plan (IPP) that includes interventions to address community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse , medication management including recognition of signs of relapse and control of symptoms, mental health services, substance abuse services, and other related areas necessary for successful living in the community;
3. Providing/procuring the necessary individualized rehabilitation and support interventions to address client needs in the areas of community living skills, daily living skills, interpersonal skills, psychiatric emergency/relapse, medication management including recognition of relapse and control of symptoms, mental health services, and other related areas necessary for successful rehabilitation and living in the community;
4. Monitoring client progress in the services being received and facilitating revision the IPP as needed;
5. Providing contact as needed with other mental health service provider(s), client family members and/or other significant people in the client's life to facilitate

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LIMITATIONS - REHABILITATIVE SERVICES

communication and client skill-building necessary to support the client in
community rehabilitation; and

6. Providing therapeutic support and intervention to the client in time of crisis.

Day Rehabilitation is designed to -

1. Enhance and maintain the client's ability to function in community settings;
2. Decrease the frequency and duration of hospitalization. Clients served in this program receive rehabilitation and support services to develop and maintain the skills needed to successfully live in the community.

Day Rehabilitation includes the following components:

1. Prevocational services, including services designed to rehabilitate and develop the general skills and behaviors needed to prepare the client to be employed and/or engage in other related substantial gainful activity. The program does not provide training for a specific job or assistance in obtaining permanent competitive employment positions for clients;
2. Community living skills and daily living skills development;
3. Client skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms;
4. Planned socialization and skills training and recreation activities focused on identified rehabilitative needs;
5. Skill-building in the use of public transportation when appropriate; and
6. Services to clients for a minimum of five hours per day, five days per week. Specific service levels for each client will be individualized, based on client needs.

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LIMITATIONS - REHABILITATIVE SERVICES

Psychiatric Residential Rehabilitation is designed to -

1. Increase the client's functioning so that s/he can eventually live successfully in the residential setting of his/her choice, capabilities, and resources; and
2. Decrease the frequency and duration of hospitalization.

Psychiatric Residential Rehabilitation includes the following components:

1. Community living skills and daily living skills development;
2. Client skills development for self-administration of medication, as well as recognition of signs of relapse and control of symptoms; and
3. Skill-building in the use of public transportation when appropriate.

A psychiatric residential rehabilitation provider must be licensed as a residential care facility, a domiciliary, or a mental health center by the Nebraska Department of Health. The maximum capacity for this facility must not exceed eight beds. A waiver up to a maximum of ten beds may be granted when it is determined to be in the clients' best interests. Facilities under contract with the Department of Public Institutions prior to the approval of this plan amendment whose capacity exceeds the ten-bed limitation will be exempted from this requirement, except that bed capacity can never exceed 16 beds.

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